AFTERSCHOOL SNACK PROGRAM SIGN IN SHEET



SITE:	DATE:	TOTAL COUNT:
1.	21.	
2.	22.	
3.	23.	
4.	24.	
5.	25.	
6.	26.	
7.	27.	
8.	28.	
9.	29.	
10.	30.	
11.	31.	
12.	32.	
13.	33.	
14.	34.	
15.	35.	
16.	36.	
17.	37.	
18.	38.	
19.	39.	
20.	40.	

DAILY RECORD FORM AFTERSCHOOL SNACK PROGRAM

Date Snack Served Free Regular Reduced-Price Regular Regular Paid Regular Free Needy (>50% F/R) (Do No	ults t Cla
Total	
LNCTDUCTLONG	
I NSTRUCTIONS ree, Reduced-Price and Paid Regular: Snacks must be claimed according to the eligibility car for each student served in a non-area eligible school (less than 50 percent free/reduced-pri	
ree Needy: Snacks must be served free in an area eligible school (greater than 50 percent	Je).
ree/reduced-price). All snacks will be reimbursed at the free reimbursement rate. Note: Snacks may only be claimed during days in which children attend school.	

MONTHLY CONSOLIDATION RECORD FORM AFTERSCHOOL SNACK PROGRAM

I Food Authority:		Site:		N	Month:
Date Snack	Free Regular	Reduced-Price	Paid Regular	Free Needy	Adults
Served		Regular		(>50% F/R)	(Do Not Clain
1					
2					
3					
4					
5					
6					
7					1
8					
9					
10					
11					
12					
13					
14					
15					1
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
Total					
nt served in a no <u>Needy:</u> Snacks r reduced-price).	on-area eligible s must be served fi All snacks will b	Snacks must be clacked chool (less than 50 ree in an area eligite reimbursed at the	percent free/re ble school (greate be free reimburse	duced-price). er than 50 percen ment rate.	
Snacks may onl	y be claimed duri	ing days in which ch	nildren attend sch	nool.	
turo.			Date:		

Maintain at District Office - Do Not Mail to State Agency Revised 07/04

Prepared by the Office of Public Instruction - PO Box 202501, Helena, MT 59620